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IMPACT OF AIDS ON THE MILITARY RECRUITMENT:
INTERVIEWS WITH SEROPOSITIVE NEW RECRSUITS

FINAL REPORT

ROBERT L. HUBBARD

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FOREWORD

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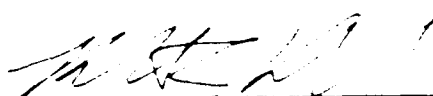
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PI For the protection of human subjects, the investigator(s) have adhered to policies of applicable Federal Law 45CFR46.

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PI Signature

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Date

**IMPACT OF AIDS ON THE MILITARY RECRUITMENT:
INTERVIEWS WITH SEROPOSITIVE NEW RECRUITS**

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APPENDIX A: Revised Questionnaire Based on Pretest

APPENDIX B: Questionnaire Revisions Based on 02-26-90 OMB Recommendations

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BY	
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DATE	
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IMPACT OF AIDS ON THE MILITARY RECRUITMENT:
INTERVIEWS WITH SEROPOSITIVE NEW RECRUITS

INTRODUCTION

In April, 1985, the U.S. Army Medical Research and Development Command issued a Broad Agency Announcement that described various areas of research interest. One area was the 'Collection and analysis of epidemiological data which would aid in control of relevant infectious diseases. Emphasis is on distribution, incidence, vectors, reservoirs, and bionomics.' At the time, concern was growing about the spread of acquired immune deficiency syndrome (AIDS) caused by human immunodeficiency virus (HIV) infection among military personnel and recruits. Because few data existed concerning the prevalence of HIV infection and routes of transmission in military populations, studies assessing the magnitude of the problem were clearly needed.

The Research Triangle Institute (RTI) submitted a proposal in response to the Broad Agency Announcement to the U.S. Army Medical Research Acquisition Activity in May, 1986, to conduct a study of HIV infection in new Army recruits and active duty personnel. After receiving comments arising from the technical review at the Walter Reed Army Institute of Research (WRAIR), RTI submitted a revised proposal in December, 1986, that, among other changes, limited the scope of the proposed study to recruit applicants. The Office of Management and Budget (OMB) subsequently requested in 1987 that the study be divided into three phases. After each phase, RTI would prepare a report for WRAIR to submit to OMB for approval before the next phase would begin.

In August, 1988, RTI submitted a revised proposal that addressed OMB's request for a three phase study:

Phase 1: Questionnaire Development (Questionnaire to be developed and pretested in a small group of IV drug abusers, male homosexuals, and Army applicants rejected for medical reasons.)

Phase 2: Pilot Study (Study to be conducted in four sites with 40 seropositive applicants and 40 applicants rejected for other medical reasons.)

Phase 3: National Study (Full scale study of 1,200 applicants.)

A contract was awarded to RTI in October, 1988, and work began the following month. RTI completed the Phase 1 pretest in January, 1989, but the Army cancelled the project before the subsequent phases were initiated. The

primary reason for cancellation, cited in a February 15, 1991, letter from Nancy Mohler (Army Contract Specialist) to Richard Strowd (RTI Senior Contract Administrator), was a series of administrative delays unrelated to RTI's performance; other studies have already addressed many of the militarily relevant scientific questions that the project was designed to address.

The following narrative section summarizes the methods and results of the Phase 1 pretest, discusses the results relative to the goals of the study, and describes other project accomplishments and activities that occurred before the project's cancellation.

BODY

Phase 1 Pretest:

On February 8, 1991, RTI sent to WRAIR a report entitled "Pretest Report: Impact of AIDS on the Military Recruitment: Interviews with Seropositive New Recruits", by Ann Toledo. The Pretest Report gives details of the procedure, results, and recommendations. A brief summary follows.

RTI made arrangements with Drug Action of Wake County to interview three former intravenous drug users, and with the Duke University Medical Center to interview three asymptomatic HIV seropositive male homosexuals. WRAIR provided RTI with the Interview Form for HIV Risk Factor Study, which Ann Toledo, the RTI interviewer, slightly revised for the pretest. The former drug users were interviewed December 30, 1988, and the seropositive males were interviewed January 9, 1989. Interview times ranged from 30 to 45 minutes.

The pretest interview process went smoothly, and the respondents cooperated and appeared to give complete and honest answers. The report concluded that the Military Entrance Processing Stations (MEPS) would need to provide support and play an active role if the the Phase 2 and Phase 3 studies were to achieve similar response rates and degrees of participant cooperation. The report also suggested arranging employment counselling as an incentive for participation in the study, because most of the applicants, who will have just been rejected by the Army, will be looking for employment.

In general, the pretest was a very successful step in meeting the goals of the overall study. It provided information about the time required for interview completion, areas of the questionnaire that needed improvement, and modifications to streamline the interview process. The resulting revised questionnaire is included in this Final Report (Appendix A).

Pilot Study Plan

One month after submitting the Pretest Report to WRAIR, RTI submitted to WRAIR a revised pilot study plan entitled "Pilot Study Plan: Impact of AIDS on the Military Recruitment: Interviews with Seropositive New Recruits", by Ann Toledo. The revisions to the earlier Phase 2 plan were based on results of the pretest and recommendations from a project meeting held at WRAIR on March 3, 1989. A summary of the major elements of the revised Phase 2 plan follow.

The MEPS would select seropositive applicants age 18 and older as potential cases for the pilot study and schedule an appointment for a confirmatory test. A MEPS physician would meet with the potential cases, describe the study, and introduce them to the RTI interviewer, who would be notified of the date and time of the meeting. The interview would then take place in a private room at the MEPS or, if necessary, elsewhere at a later date. As the cases were enrolled, the MEPS would select controls (applicants rejected for medical reasons other than HIV infection) matched to the cases on age, race, and sex. As with the cases, a MEPS physician would describe the study and introduce the controls to the RTI interviewer, who would not know the case/control status of any potential study participants.

Five MEPS were selected for recruiting a sample of 20 cases and 20 controls over a two month period. The questionnaire (Appendix A) modified from the pretest would be used. The Centers for Disease Control would help obtain support from state and local health departments for medical counselling for the cases.

As noted earlier, Phase 2 was never implemented. However, the plan developed by the Army, Centers for Disease Control, and RTI could serve as a model for future studies of sensitive health-related issues in rejected military recruits.

OMB Responses and Questionnaire Modifications:

In February, 1990, OMB reviewed the questionnaire that was revised based on the Phase 1 pretest and suggested several changes before using it in the Phase 2 Pilot Study. RTI prepared a response to the recommendations and sent it to WRAIR for submission to OMB. Questionnaire changes resulting from the OMB recommendations were transcribed to a copy of the questionnaire in preparation for submission to typesetting. The revisions were never incorporated into a typeset version. However, a set of the revised draft pages is included in the Final Report (Appendix B), so that the Army could easily make the revisions if the questionnaire were needed for future studies of HIV infection or other sensitive health issues.

Control System and CAPI Development:

While awaiting approval for implementing the Pilot Study, RTI developed two computer systems for the study: a Control System and Computer-Assisted Personal Interviewing (CAPI) system. The Control System would allow monitoring of participant contacts with regard to eligibility status, interviews, and response rates for each participating MEPS. Weekly production reports would be generated.

A plan was developed for the Pilot Study for interviewers to conduct half of the interviews with paper questionnaires and half using CAPI. With RTI's CAPI system, interviewers use laptop, battery-operated microcomputers to conduct the interview, enter the data obtained, and transmit the data to RTI electronically. The appropriate questions to be asked are displayed based on parameters set during the questionnaire development process. Skip patterns are programmed so that routing occurs automatically based on responses keyed by the interviewer using the computer keyboard. The computer automatically performs programmed range checks, consistency checks, and checks for completeness of data as the interviewer enters the respondent's answers.

Use of CAPI requires the creation of computer screens corresponding to the questionnaire pages and edit checks for the data items collected. While awaiting Phase 2 approval, RTI developed the necessary screens and edits for CAPI. All CAPI development was performed at no cost to the Army using RTI overhead accounts.

CONCLUSIONS

The proposed study underwent rigorous technical and scientific review by the Department of Defense, Centers for Disease Control, OMB, and others. The reviewers agreed that the study was important and could address the questions of interest. The pretest indicated that the questionnaire could be used efficiently in a field setting, and that respondents would be likely to answer the questions completely and honestly.

In spite of widespread support for the proposed study, problems with its implementation arose from two sources. One source of problems was the long review process and the resulting delays. Given the sensitive nature of the information being collected, a careful review process is essential, and some delays are inevitable. Unfortunately, in this instance the delays were sufficiently long that the study became obsolete. The delays also exacerbated the second problem, which is the apparent difficulty of conducting research at MEPS. The MEPS are not research-oriented, and the success of a study in this setting depends to a large extent on the study's acceptance by the MEPS commander. Because the commanders are reassigned periodically, a commander

who approves a study may be replaced by a new commander unfamiliar with the study. Long delays in the approval process lead to a series of negotiations with different MEPS commanders.

The final revisions to the study questionnaire reflect input from different sources including OMB. Future studies of sensitive health-related issues in military populations could use the questionnaire and protocol as a starting point that has already addressed many concerns that reviewers are likely to have.

APPENDIX A

REVISED QUESTIONNAIRE BASED ON PRETEST

Subject ID: _____

Date of Interview:
(Month) (Day) (Year)Time Interview Began: : AM
PM

INTERVIEW FORM FOR MILITARY APPLICANT HEALTH STUDY

This document contains confidential information to be handled
in accordance with all applicable privacy laws.

Sections	Subject	Pages
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Part 3	Medical History	2-5
Part 4	Risk Factor Information—Drug Use	5-7
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Part 7	Risk Perception (Self Administered)	1-2

PART 1

INTERVIEWER INFORMATION

Information about person completing this form:

1. NAME: _____
Last name First name Middle initial
2. PHONE: _____
(Area code) Number
3. TITLE or POSITION: _____

The following text is to be read as an introduction at the beginning of the interview:

Hello, my name is _____. You are here to participate in an interview with me in which I will ask you a number of questions, the answers to which may be very important in helping us to understand certain aspects about the disease AIDS and about infection with the virus that causes AIDS. Much of this interview will focus on the time period of the last year; that is, from one year ago (DATE ONE YEAR AGO) until today. We will also talk about the time period from 1980 until now. It might be helpful if you try to think about what you were doing during this period, or specific events which may have occurred then. I assure you that whatever information you provide will be handled in a strictly anonymous and confidential fashion. In other words, at the completion of this session, whatever information you have shared with me will be grouped with information provided by other individuals in such a way that it will be impossible for me or anyone else to tell what specific answers you have given. During this interview, I will not ask you your name, social security number, or other items of information which could identify you specifically. In addition, although I know that everyone in the military is screened for the AIDS antibody, I do not want to know the results of your tests for the AIDS antibody. I know that you are either positive or negative for antibody to the AIDS virus, but I do not know which you are. Please do **not** tell me your antibody status either directly or indirectly through any comments you might make during this interview. You may decline to answer any question(s), but remember that the information you provide will help us better understand HIV infection and AIDS, and help us to develop methods for preventing the spread of AIDS.

Do you have any questions before we begin the interview?

PART 2**DEMOGRAPHIC INFORMATION**

1. Sex: ☐ Male ☐ Female

2. What is your age? _____

3. What is the highest level of schooling you have completed?

- | | |
|--|---|
| <input type="checkbox"/> Did not graduate from high school | <input type="checkbox"/> College courses, but no college degree |
| <input type="checkbox"/> High school graduate (or GED) | <input type="checkbox"/> Associates degree |
| | <input type="checkbox"/> Bachelors degree |
| | <input type="checkbox"/> Graduate degree |

4. Please look at this hand card and tell me which group best describes your race or ethnicity.

HAND RESPONDENT CARD #1.

- | | |
|---|---|
| <input type="checkbox"/> White, non-Hispanic | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Black, non-Hispanic | <input type="checkbox"/> American Indian |
| <input type="checkbox"/> Hispanic-Mexico | <input type="checkbox"/> Alaskan Native/Aleutian/Eskimo |
| <input type="checkbox"/> Hispanic-Puerto Rico | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Hispanic, other | <input type="checkbox"/> Caribbean Islander ((specify: _____) |
| <input type="checkbox"/> Other (specify: _____) | |

5. How many days per month do you attend religious services? _____

6. Have you ever been married? ☐ Yes ☐ No (IF NO, SKIP TO ITEM 7)

a. How many times have you been married? _____

b. What is your current marital status?

- ☐ Married ☐ Widow(er) ☐ Divorced ☐ Separated

IF CURRENTLY MARRIED, in what month and year were you married?

(Month)

(Year)

7. Beginning with your most current residence and going backward in time, where have you lived in the past three years, and how long did you live at each location? ONLY INCLUDE PLACES WHERE YOU LIVED FOR 2 MONTHS OR MORE.

CITY	STATE	COUNTY OR COUNTRY	FROM (Month) / (Year)				UNTIL (Month) / (Year)			

PART 3 MEDICAL HISTORY

1. Have you ever been hospitalized? ☐ Yes ☐ No

IF YES . . .

- a. For what reason? When? Where were you hospitalized?

DISCHARGE DIAGNOSIS	CODE	DATE (Month) / (Year)				CITY, STATE, COUNTRY

Codes for Discharge Diagnoses:

- 1 = Surgical procedure
- 2 = Trauma
- 3 = Medical, infectious
- 4 = Medical, other
- 5 = Multiple diagnoses
- 6 = Unknown/no answer

2. Since 1980, have you received a transfusion of blood or blood products? ☐ Yes ☐ No

(IF YES . . .)

REASON FOR TRANSFUSION	NUMBER OF TRANSFUSIONS	NUMBER OF UNITS	DATE(S)	LOCATION (city/state/county or country)

Additional comments (if any): _____

3. Since 1980, have you received medical care while in a foreign country? ☐ Yes ☐ No

(IF YES . . .)

REASON	DATE (Month) / (Year)				LOCATION (country)

- a. Did you receive any blood, IV fluids, injections, or immunizations? ☐ Yes ☐ No

IF YES, please describe: _____

4. Since 1980, did you donate blood or plasma while traveling outside of the United States? ☐ Yes ☐ No

(IF YES . . .)

LOCATION (country)	DATE (Month) / (Year)			

5. During the past year, that is, from (DATE ONE YEAR AGO) until today, did you have a flu-like illness which may have included tiredness, fever, sore throat, muscle aches, joint pain and rash, only was much worse than usual? ☐ Yes ☐ No

IF YES, when?

(Month)

(Year)

6. How many times have you had . . .

IF GREATER THAN 0, ASK:
 Did you have (NAME OF DISEASE)
 during the past year?
 CIRCLE Y FOR YES OR
 N FOR NO ON CHART.

	# Times	During the Past Year	
Hepatitis		Y	N
Positive hepatitis test		Y	N
Genital herpes		Y	N
Rectal herpes		Y	N
Genital gonorrhea		Y	N
Oral gonorrhea		Y	N
Rectal gonorrhea		Y	N
Syphilis		Y	N
Genital warts		Y	N
Anal warts		Y	N
Anal fissures		Y	N
Chancroid		Y	N
Infectious diarrhea requiring antibiotics		Y	N
IF MALE: Discharge from penis not due to any above		Y	N
IF FEMALE: Pelvic Inflammatory Disease (PID) or infection of the tubes		Y	N
Abnormal PAP smear		Y	N

IF MALE:

7. Have you had a vasectomy? ☐ Yes ☐ No

8. Have you been circumcised? ☐ Yes ☐ No

IF FEMALE:

9. a. Have you ever been pregnant? ☐ Yes ☐ No

IF YES . . .

1. How many pregnancies have you had?

2. How many live births have you had?

b. Have you ever had a tubal ligation? ☐ Yes ☐ No

c. Have you had a hysterectomy? ☐ Yes ☐ No

10. Since 1980, have you had artificial insemination? ☐ Yes ☐ No

IF YES . . .

1. When and where performed: _____

(City, State, County or Country)

--	--

(Month)

--	--

(Year)

PART 4

RISK FACTOR INFORMATION—DRUG USE

1. During the past year, have you used any of the following drugs? *INTERVIEWER: PROVIDE SUBJECT WITH CARD #2 WITH CODED RESPONSES FOR Q1 AND CIRCLE NUMBER OF EACH DRUG USED ON CHART BELOW. FOR ALL CIRCLED DRUGS, RECORD RESPONSES TO THE FOLLOWING QUESTIONS ON THE CHART BELOW BY RECORDING THE NUMBER OF TIMES USED IN THE UNIT COLUMN AND CIRCLING THE APPROPRIATE FREQUENCY INTERVAL.*

- a. How many times did you use (DRUG NAME) on a daily, weekly, monthly or yearly basis during the past year?
- b. Thinking back to the first time you began using (DRUG NAME) to one year ago, what was your usual use of the drug on a daily, weekly, monthly or yearly basis?

DRUG	a. Times used in past year		b. Previous drug use	
	UNIT	FREQUENCY	UNIT	FREQUENCY
1 = Marijuana	x	D W M Y	x	D W M Y
2 = Cocaine (excluding crack cocaine)	x	D W M Y	x	D W M Y
3 = Crack cocaine	x	D W M Y	x	D W M Y
4 = Heroin	x	D W M Y	x	D W M Y
5 = Amphetamines (uppers, speed)	x	D W M Y	x	D W M Y
6 = Barbiturates (downers)	x	D W M Y	x	D W M Y
7 = LSD (acid)	x	D W M Y	x	D W M Y
8 = Quaaludes	x	D W M Y	x	D W M Y
9 = PCP (angel dust)	x	D W M Y	x	D W M Y
10 = Nitrate inhalants (amyl/butyl nitrate, poppers)	x	D W M Y	x	D W M Y
11 = Alcohol	x	D W M Y	x	D W M Y
12 = Tobacco	x	D W M Y	x	D W M Y
13 = Other (specify: _____)	x	D W M Y	x	D W M Y

2. During the past year, have you used a needle to inject drugs?

☐ Yes

☐ No

IF YES,

a. When was the earliest date you used IV drugs?

(Month)

(Year)

b. When was the last time you used IV drugs?

(Month)

(Year)

c. How many times did you used IV drugs during this period?

x D W M Y

d. During this period, when injecting drugs, did you ever share the needle with another person? ☐ Yes ☐ No

IF YES...

1. How many times?

x D W M Y

e. In what setting(s) have you used IV drugs?

INTERVIEWER: PROVIDE SUBJECT WITH CARD #3. CIRCLE NUMBER CORRESPONDING TO ALL THAT APPLY.

1 = Alone

2 = With one other person

3 = In a group

4 = At a party

5 = At a shooting gallery

6 = Other (specify: _____)

3. Had you ever used IV drugs before one year ago?

☐ Yes

☐ No

IF YES...

a. When was the last time you used IV drugs during this period before (DATE ONE YEAR AGO)?

(Month)

(Year)

NOTE: IF DATE GIVEN IN QUESTION 3a IS EARLIER THAN 1980, THEN SKIP 3b thru d.

b. What was the earliest date you used IV drugs?

(Month)

(Year)

c. How many times did you used IV drugs during this period?

x D W M Y

d. Did you share needles with other IV drug users?

☐ Yes

☐ No

IF YES...

1. How many times?

x D W M Y

4. Have you known anyone who has used IV drugs since 1980?

☐ Yes ☐ No ☐ Don't know for sure

IF YES . . .

a. How many such people do you know?

(1) Of these individuals, how many would you describe your relationship with as . . .

MODERATE (e.g., showed family-type affection, such as hugging or non-sexual kissing)

CLOSE (e.g., you were intimate lovers, or you had some type of blood or body fluid exposure, such as sexual kissing)

(2) Did you have a close relationship, as just defined, with (this person/any of these people) within the past year? ☐ Yes ☐ No

PART 5 RISK FACTOR INFORMATION—SEXUAL HISTORY

In this next part, I am going to ask you questions about your sexual relationships. There is a lot of variation in the kinds of sexual relationships that people engage in; however, it is very important to know about these relationships since they may be crucial in understanding the spread of the AIDS virus. Just so I can be sure that you are clear about what I mean when I use the terms "sex" or "sexual activity", let's define those terms as occurring when . . .

MALES: You put your penis in your partner's vagina, mouth, or rectum, OR
 You put your mouth on your partner's vagina, penis, or rectum, OR
 Your partner puts his/her mouth on your penis or rectum, OR
 Your partner puts his penis in your mouth or rectum.

FEMALES: Your partner puts his penis in your vagina, mouth or rectum, OR
 Your partner puts his/her mouth on your vagina or rectum, OR
 You put your mouth on your partner's vagina, penis, or rectum.

For the purposes of this interview, sex **does not include** kissing, touching, or masturbation.

1. How old were you when you sexual intercourse for the first time?

(Age)

2. How many females did you have sex with during the past year?

IF GREATER THAN 0, THEN . . .

a. Of these females, how many were steady sexual contacts; that is, women you had sex with 10 or more times?

3. a. How many males did you have sex with during the past year?

b. How many males had sex with you during the past year?

IF GREATER THAN 0, THEN . . .

c. Of your male partners, how many were steady sexual contacts, that is men you had sex with 10 or more times?

d. During the past year, how many individuals did you have sex with on the first day that you met them (including prostitutes)?

INTERVIEWER: PROVIDE SUBJECT WITH CARD #4 OF CODED RESPONSES FOR THE FOLLOWING TWO QUESTIONS:

IF # OF FEMALE PARTNERS IS GREATER THAN 0, THEN . . .

a. For each of the locations listed on Card #4, please tell me whether this is a place where you never, infrequently, or frequently met female partners?

LOCATION #	FREQUENCY
1 = Picked up on the street	N I F
2 = Picked up in a bar or club	N I F
3 = Met at a party or social gathering	N I F
4 = At a house of prostitution	N I F
5 = At a bathhouse	N I F
6 = In a bookstore or movie house	N I F
7 = At work	N I F
8 = Other (specify: _____)	N I F

IF # OF MALE PARTNERS IS GREATER THAN 0, THEN . . .

a. For each of the locations listed on Card #4, please tell me whether this is a place where you never, infrequently, or frequently met male partners?

LOCATION #	FREQUENCY
1 = Picked up on the street	N I F
2 = Picked up in a bar or club	N I F
3 = Met at a party or social gathering	N I F
4 = At a house of prostitution	N I F
5 = At a bathhouse	N I F
6 = In a bookstore or movie house	N I F
7 = At work	N I F
8 = Other (specify: _____)	N I F

5. FEMALES ONLY: INTERVIEWER: PROVIDE FEMALE SUBJECT WITH CARD #5 OF CODED RESPONSES FOR THE FOLLOWING QUESTION:

Please look at this card and tell me how often you use each of the following precautions when you engage in sexual activity. CIRCLE THE LETTER CORRESPONDING TO THE FOLLOWING RESPONSE CODES AS FOLLOWS:

N = Never
S = Sometimes
U = Usually
A = Always

PRECAUTION	FREQUENCY
a. Pill	N S U A
b. Diaphragm	N S U A
c. Sponge	N S U A
d. Spermicide	N S U A
e. Douching	N S U A

NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT PEOPLE YOU HAVE HAD SEX WITH DURING THE PAST YEAR. INCLUDE ALL OF YOUR SEX PARTNERS DURING THIS TIME, EVEN IF YOU FIRST HAD SEX WITH THEM BEFORE (DATE ONE YEAR AGO).

6. Have you had sex with more than nine partners during the past year? ☐ Yes ☐ No

NOTE: IF YES, HAVE PARTICIPANT DESCRIBE AS MANY AS HE/SHE CAN UP TO A MAXIMUM OF 9 INDIVIDUALLY ON PAGES 10-12; IF HE/SHE IS ABLE TO CATEGORIZE SEX PARTNERS INTO SIMILAR GROUPS (e.g. FEMALE PROSTITUTES, PICK-UPS) THEN INSTRUCT HIM/HER TO TELL YOU ABOUT THEM AS A GROUP (see page 13).

7. Beginning with the person with whom you've had the most encounters . . .

	PARTNER #1	PARTNER #2	PARTNER #3																																																												
a. Was this person female or male?	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> F <input type="checkbox"/> M																																																												
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m. (IF A FEMALE PARTNER) During your sexual encounters, how often did this partner have menstrual bleeding?	N S U A	N S U A	N S U A																																																												
n. Did this partner ever bleed during a sexual encounter with you? IF YES, specify (frequency, type sex)	<input type="checkbox"/> Y <input type="checkbox"/> N 	<input type="checkbox"/> Y <input type="checkbox"/> N 	<input type="checkbox"/> Y <input type="checkbox"/> N 																																																												
o. Did you bleed during any sexual encounter with this partner? IF YES, specify (frequency, type sex)	<input type="checkbox"/> Y <input type="checkbox"/> N 	<input type="checkbox"/> Y <input type="checkbox"/> N 	<input type="checkbox"/> Y <input type="checkbox"/> N 																																																												

	GROUP #1	GROUP #2	GROUP #3
a. Were these people female or male?	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> F <input type="checkbox"/> M
b. As best you know, where (do/did) these people usually live (city/state/county or country)			
c. When was the first time you had sex with a member of . . .	<div> <div></div> <div></div> <div></div> <div></div> </div> <div>(Month) / (Year)</div>	<div> <div></div> <div></div> <div></div> <div></div> </div> <div>(Month) / (Year)</div>	<div> <div></div> <div></div> <div></div> <div></div> </div> <div>(Month) / (Year)</div>
d. When was the last time you had sex with a member of . . .	<div> <div></div> <div></div> <div></div> <div></div> </div> <div>(Month) / (Year)</div>	<div> <div></div> <div></div> <div></div> <div></div> </div> <div>(Month) / (Year)</div>	<div> <div></div> <div></div> <div></div> <div></div> </div> <div>(Month) / (Year)</div>
e. How many times did you have sex with people in this group during the past year?	<div> <div></div> <div></div> </div> <div>x D W M Y</div>	<div> <div></div> <div></div> </div> <div>x D W M Y</div>	<div> <div></div> <div></div> </div> <div>x D W M Y</div>
f. As best you know, which of the descriptions on Card #6 might describe members of . . .			
g. Did you give them money for sex? Did you give them drugs for sex?	<div> <input type="checkbox"/> Y <input type="checkbox"/> N </div> <div> <input type="checkbox"/> Y <input type="checkbox"/> N </div>	<div> <input type="checkbox"/> Y <input type="checkbox"/> N </div> <div> <input type="checkbox"/> Y <input type="checkbox"/> N </div>	<div> <input type="checkbox"/> Y <input type="checkbox"/> N </div> <div> <input type="checkbox"/> Y <input type="checkbox"/> N </div>
h. Did you receive money for sex? Did you receive drugs for sex?	<div> <input type="checkbox"/> Y <input type="checkbox"/> N </div> <div> <input type="checkbox"/> Y <input type="checkbox"/> N </div>	<div> <input type="checkbox"/> Y <input type="checkbox"/> N </div> <div> <input type="checkbox"/> Y <input type="checkbox"/> N </div>	<div> <input type="checkbox"/> Y <input type="checkbox"/> N </div> <div> <input type="checkbox"/> Y <input type="checkbox"/> N </div>
i. Did (you/group partners) ever use a condom? IF YES, please look at Card #5 and tell me how often you also used spermicide?	<div> <input type="checkbox"/> Y <input type="checkbox"/> N </div> <div> N S U A </div>	<div> <input type="checkbox"/> Y <input type="checkbox"/> N </div> <div> N S U A </div>	<div> <input type="checkbox"/> Y <input type="checkbox"/> N </div> <div> N S U A </div>
j. Please look at the definitions on Card #7 and tell me the number corresponding to each kind of sex you had with members of this group. INTERVIEWER: CIRCLE EACH RESPONSE ON THE CHART TO THE RIGHT, AND FOR EACH ITEM CIRCLED, ASK: How often did you have (SEX TYPE #) with this partner—sometimes, usually or always? IF APPLICABLE: And how often did you or your partner use a condom for this kind of sex? NOTE: CU use is applicable for male respondents only for Sex Type 5.	<div> <div>Freq</div> <div>CU</div> </div> <div> 1 S U A N S U A 2 S U A N S U A 3 S U A N S U A 4 S U A 5 S U A N S U A 6 S U A 7 S U A 8 S U A N S U A 9 S U A N S U A </div>	<div> <div>Freq</div> <div>CU</div> </div> <div> 1 S U A N S U A 2 S U A N S U A 3 S U A N S U A 4 S U A 5 S U A N S U A 6 S U A 7 S U A 8 S U A N S U A 9 S U A N S U A </div>	<div> <div>Freq</div> <div>CU</div> </div> <div> 1 S U A N S U A 2 S U A N S U A 3 S U A N S U A 4 S U A 5 S U A N S U A 6 S U A 7 S U A 8 S U A N S U A 9 S U A N S U A </div>
k. Did anyone have any genital sores when you had sex with them? IF YES, with how many partners?	<div> <input type="checkbox"/> Y <input type="checkbox"/> N </div> <div></div>	<div> <input type="checkbox"/> Y <input type="checkbox"/> N </div> <div></div>	<div> <input type="checkbox"/> Y <input type="checkbox"/> N </div> <div></div>
l. Did you have any genital sores when you had sex with anyone of them? IF YES, with how many partners?	<div> <input type="checkbox"/> Y <input type="checkbox"/> N </div> <div></div>	<div> <input type="checkbox"/> Y <input type="checkbox"/> N </div> <div></div>	<div> <input type="checkbox"/> Y <input type="checkbox"/> N </div> <div></div>
m. (IF A FEMALE PARTNER) During your sexual encounters, how often were partners having menstrual bleeding?	<div> N S U A </div>	<div> N S U A </div>	<div> N S U A </div>
n. Did any of these partners ever bleed during a sexual encounter with you? IF YES, specify (frequency, type sex)	<div> <input type="checkbox"/> Y <input type="checkbox"/> N </div> <div></div>	<div> <input type="checkbox"/> Y <input type="checkbox"/> N </div> <div></div>	<div> <input type="checkbox"/> Y <input type="checkbox"/> N </div> <div></div>

8. I don't know if your HIV antibody test is positive or negative, but if we pretend that it is positive, and I ask which of the partners you just told me about might have transmitted the infection to you, which would you say? Please DO NOT give me any names.

Partner #: _____

INTERVIEWER: IF ANSWER GIVEN IS A PERSON WHO BELONGS TO A GROUP OR A PARTNER THAT THE SUBJECT HAS NOT YET TOLD YOU ABOUT, THEN ASK THE INDIVIDUAL PARTNER QUESTIONS FOR THAT PERSON AND PLACE THE RESPONSES IN PARTNER COLUMN #9.

9. During the past year, did you engage in group sex, that is, sex with more than one person at the same time?

☐ Yes ☐ No

IF YES . . .

- a. Please tell me the numbers on Card #6 that describe any member(s) of this group? (CIRCLE THE NUMBER CORRESPONDING TO EACH RESPONSE.)

- | | |
|--|---|
| 1 = Hemophiliac | 8 = Positive for AIDS virus (HIV) antibody |
| 2 = Blood transfusion recipient | 9 = A person with AIDS or ARC |
| 3 = Gay/bisexual man | 10 = A person at high risk for becoming infected with the AIDS virus (specify: _____) |
| 4 = Prostitute | 11 = Other (specify: _____) |
| 5 = Born or lived in Africa or Haiti | 94 = Do not know |
| 6 = Employed in a job that involved exposure to blood or other body fluids | 97 = Do not wish to answer |
| 7 = IV drug user | |

10. Now I'd like to ask you some questions about behaviors that you might have engaged in during 2 different time periods; the first time period will be from one year ago today and the second time period will ask for your usual behavior of that type from the first time you began that activity until one year ago.

	PAST YEAR				PREVIOUS YEARS			
Number of female prostitutes								
If > than 0, encounters/month								
Number of male prostitutes								
If > than 0, encounters/month								
Number of female sex partners								
If > than 0, encounters/month								
Number of male sex partners								
If > than 0, encounters/month								
Number of sex partners who you know used IV drugs								
If > than 0, encounters/month								
Frequency of all sex that was								
Oral	N	S	U	A	N	S	U	A
Anal	N	S	U	A	N	S	U	A
Vaginal	N	S	U	A	N	S	U	A

11. During the past year, have you known any homosexual or bisexual men?

☐ Yes ☐ No ☐ Don't know for sure

IF YES . . .

a. How many such people do you know?

1. Of these individuals, how many would you describe your relationship with as . . .

MODERATE (e.g., showed family-type affection, such as hugging or non-sexual kissing)

CLOSE (e.g., you were intimate lovers, or you had some type of blood or body fluid exposure, such as sexual kissing)

12. Since 1980, have you known anyone who has ARC or AIDS, or who tested positive for the AIDS antibody?

☐ Yes ☐ No ☐ Don't know for sure

IF YES . . .

a. How many such people do you know?

1. Of these individuals, how many would you describe your relationship with as . . .

MODERATE (e.g., showed family-type affection, such as hugging or non-sexual kissing)

CLOSE (e.g., you were intimate lovers, or you had some type of blood or body fluid exposure, such as sexual kissing)

IF CLOSE > 0, Did you have a close relationship as just defined with (this person/any of these people) during the past year? ☐ Yes ☐ No

PART 6**RISK FACTOR INFORMATION—OTHER RISKS**

1. Since 1980, have you had a tattoo? ☐ Yes ☐ No

(IF YES . . .)

LOCATION (city/state/county or country)	DATE			
	(Month)	/	(Year)	

2. Since 1980, have you had an ear or ears pierced? ☐ Yes ☐ No

(IF YES . . .)

LOCATION (city/state/county or country)	DATE			
	(Month)	/	(Year)	

3. Since 1980, have you been stuck or cut with a needle or other sharp object such as a scalpel or razor blade used by someone else? ☐ Yes ☐ No

IF YES . . . (specify: _____)

4. I realize that you have been tested for the antibody to the AIDS virus and I don't know if your test was positive or negative, but SUPPOSE that your test was POSITIVE. Have any of the particular event(s) listed on Card #8 occurred in your life that you feel could have increased your chances of getting infected with the AIDS virus?

- a. What would that event have been? (CIRCLE NUMBER CORRESPONDING TO EACH RESPONSE)

INTERVIEWER: PROVIDE SUBJECT WITH CARD #8 WITH CODED RESPONSES FOR Q.4.

- | | |
|---|--|
| 1 = I had sex with a man | 7 = A lover of mine is/was gay or bisexual |
| 2 = A lover of mine had sex with a man | 8 = I have/had sex with prostitutes |
| 3 = A lover of mine has/had AIDS or ARC or AIDS virus infection | 9 = A lover of mine has/had sex with prostitutes |
| 4 = I had sex without using/without my partner using a condom | 10 = I have/had multiple sex partners |
| 5 = I used IV drugs | 11 = A lover of mine has/had multiple sex partners |
| 6 = A lover of mine used IV drugs | 12 = Other (specify: _____) |
| | 94 = Do not know |
| | 97 = Does not wish to answer |

5. Other than what we have talked about during this interview, is there anything you can tell me that you think caused or might cause you to get infected with the AIDS virus? Be specific.

Inside back cover

Time Main Interview Ended: : AM
PM
Time Part 7 Ended: : AM
PM

On-Site Field Edit: _____
(FI Signature)

Subject ID No.: _____

Enclosure #2
Page 1

PART 7 RISK PERCEPTION

Please read the directions for each of the three sections below. Indicate your answers by circling the appropriate number or letters, or by checking the appropriate box to the right of each statement or question. Remember that any information you provide cannot be traced to you. If you need explanation(s) for any of the questions, please feel free to ask me.

SECTION 1

Directions: *Circle the number that best reflects your feeling of the risk associated with each of the following behaviors:*

	No Risk	Little Risk	Some Risk	Very Risky	Dangerous
1. Not using a seatbelt	0	1	2	3	4
2. Smoking cigarettes	0	1	2	3	4
3. Mainlining drugs	0	1	2	3	4
4. Running red lights	0	1	2	3	4
5. Having sex with prostitutes	0	1	2	3	4
6. Getting a blood transfusion	0	1	2	3	4
7. Getting drunk	0	1	2	3	4
8. Sharing needles used for taking drugs	0	1	2	3	4
9. Not using condoms during sex	0	1	2	3	4
10. Being out of shape	0	1	2	3	4
11. Donating blood	0	1	2	3	4
12. Having a roommate with an AIDS-virus (HIV) infection	0	1	2	3	4
13. Driving a motorcycle	0	1	2	3	4
14. Parachuting	0	1	2	3	4
15. Having sex with someone you don't know	0	1	2	3	4

SECTION 2

Directions: For each of the statements below, circle the answer to the right that best reflects your opinion about that statement.

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Not Applicable
1. Only homosexuals get AIDS	SA	A	U	D	SD	NA
2. People should know more about AIDS	SA	A	U	D	SD	NA
3. AIDS is not as big a problem as people say ..	SA	A	U	D	SD	NA
4. I am afraid of getting AIDS	SA	A	U	D	SD	NA
5. I am not the kind of person likely to get AIDS ..	SA	A	U	D	SD	NA
6. There will soon be a cure for AIDS	SA	A	U	D	SD	NA
7. HIV causes AIDS	SA	A	U	D	SD	NA
8. I am tired of hearing about AIDS	SA	A	U	D	SD	NA
9. I want to know more about AIDS	SA	A	U	D	SD	NA
10. I live in a dangerous area for AIDS	SA	A	U	D	SD	NA
11. I am not worried about getting AIDS	SA	A	U	D	SD	NA
12. I have lived in a dangerous area for AIDS	SA	A	U	D	SD	NA
13. I know a lot about how you get infected with the AIDS virus (HIV)	SA	A	U	D	SD	NA

SECTION 3

Directions: Check the box that best describes how often you engage in the following activities:

	Never	Hardly Ever	Sometimes	Frequently	A Lot
1. I do things to stay in shape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I smoke cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I drive a motorcycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I get drunk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I use seatbelts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I run red lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Did you answer the questions on this survey honestly? ☐ Yes ☐ No

2. Do you feel that your anonymity/confidentiality will be maintained? ☐ Yes ☐ No

Card 1

Race/Ethnicity

White, non-Hispanic

Black, non-Hispanic

Hispanic–Mexico

Hispanic–Puerto Rico

Hispanic–Other

Pacific Islander

American Indian

Alaskan Native/Aleutian/Eskimo

Asian

Caribbean Islander (*specify*)

Other (*specify*)

Card 2

Drug Use

- 1 Marijuana
- 2 Cocaine
(not including crack cocaine)
- 3 Crack cocaine
- 4 Heroin
- 5 Amphetamines (uppers, speed)
- 6 Barbiturates (downers)
- 7 LSD (acid)
- 8 Quaaludes
- 9 PCP (angel dust)
- 10 Nitrate inhalants
(amyl/butyl nitrate, poppers)
- 11 Alcohol
- 12 Tobacco
- 13 Other (*specify*)

Card 3

Drug Use Settings

- 1 Alone
- 2 With one other person
- 3 In a group
- 4 At a party
- 5 At a shooting gallery
- 6 Other (*specify*)

Card 4

Places Where You Met Sex Partners

- 1 Picked up on the street
- 2 Picked up in a bar or club
- 3 Met at a party or social gathering
- 4 At a house of prostitution
- 5 At a bathhouse
- 6 In a bookstore or movie house
- 7 At work
- 8 Other (*specify*)

Card 5

Frequency Responses

N Never
S Seldom
U Usually
A Always

Card 6

Sex Partner Descriptions

- 1 A hemophiliac
- 2 A blood transfusion recipient
- 3 Gay/bisexual
- 4 A prostitute
- 5 Born or lived in Africa or Haiti
- 6 Employed in a job that involved exposure to blood or other body fluids
- 7 Someone who ever used intravenous drugs
- 8 Positive for antibodies to the AIDS virus (HIV)
- 9 A person with AIDS or ARC
- 10 A person at risk for becoming infected with the AIDS virus (*specify*)
- 11 Other (*specify*)

Card 7

Sexual Activities (Male)

- 1 Your penis in your partner's vagina
- 2 Your penis in your partner's mouth
- 3 Your penis in your partner's rectum
- 4 Your mouth on your partner's vagina
- 5 Your mouth on your partner's penis
- 6 Your mouth on your partner's rectum
- 7 Your partner's mouth on your rectum
- 8 Your partner's penis in your rectum
- 9 Other (*specify*)

Card 7

Sexual Activities (Female)

- 1 Your partner's penis in your vagina
- 2 Your partner's penis in your mouth
- 3 Your partner's penis in your rectum
- 4 Your mouth on your partner's vagina
- 5 Your mouth on your partner's rectum
- 6 Your partner's mouth on your vagina
- 7 Your partner's mouth on your rectum
- 8 Other (*specify*)

Card 8

Events That Might Have Increased One's Chances for HIV Infection

- 1 I had sex with a man
- 2 A lover of mine had sex with a man
- 3 A lover of mine has/had AIDS or
ARC or AIDS virus infection
- 4 I had sex without using/without my
partner using a condom
- 5 I used intravenous drugs
- 6 A lover of mine used intravenous drugs
- 7 A lover of mine is/was gay or bisexual
- 8 I had sex with prostitutes
- 9 A lover of mine has/had sex
with prostitutes
- 10 A have/had multiple sex partners
- 11 A lover of mine has/had multiple sex
partners
- 12 Other (*specify*)

APPENDIX B

QUESTIONNAIRE REVISIONS BASED ON 02-26-90 OMB RECOMMENDATIONS

See revisions to
pages: cover,
2, 7, 8, 10, 11, 12,
13, 14, inside back
cover, outside back
cover, Card 6, 4

Project
4340-01

5/7/90 revisions

Enclosure #1

Subject ID: _____

Date of Interview:
(Month) (Day) (Year)

Time Interview Began: : AM
PM

INTERVIEW FORM FOR MILITARY APPLICANT HEALTH STUDY

This document contains confidential information to be handled
in accordance with all applicable privacy laws.

Sections	Subject	Pages
Part 1	Interviewer Information	ii
Part 2	Demographic Information	1-2
Part 3	Medical History	2-5
Part 4	Risk Factor Information—Drug Use	5-7
Part 5	Risk Factor Information—Sexual History	7-15
Part 6	Risk Factor Information—Other Risks	16
Part 8	Risk Perception (Self Administered)	1-8 4

Item Count

Part 7

Interviewer Comments

back cover

4. Have you known anyone who has used IV drugs since 1980?

☐ Yes ☐ No ☐ Don't know for sure

IF YES...

a. How many such people do you know? ☐ ☐

How would you describe your relationship with (this/these) individual(s) based on the following three categories. READ EACH CATEGORY AND RECORD THE NUMBER FOR EACH.

Casual Acquaintance ☐

Friend/Family/Coworker ☐

Sex Partner ☐

the past year ☐ YES ☐ NO

PART 5 RISK FACTOR INFORMATION—SEXUAL HISTORY

In this next part, I am going to ask you questions about your sexual relationships. There is a lot of variation in the kinds of sexual relationships that people engage in; however, it is very important to know about these relationships since they may be crucial in understanding the spread of the AIDS virus. Just so I can be sure that you are clear about what I mean when I use the terms "sex" or "sexual activity", let's define those terms as occurring when...

MALES: You put your penis in your partner's vagina, mouth, or rectum, OR
You put your mouth on your partner's vagina, penis, or rectum, OR
Your partner puts his/her mouth on your penis or rectum, OR
Your partner puts his penis in your mouth or rectum.

FEMALES: Your partner puts his penis in your vagina, mouth or rectum, OR
Your partner puts his/her mouth on your vagina or rectum, OR
You put your mouth on your partner's vagina, penis, or rectum.

For the purposes of this interview, sex does not include kissing, touching, or masturbation.

had or sexual activity of the kind just described

1. How old were you when you sexual intercourse for the first time? ☐ ☐ (Age)

2. How many females did you have sex with during the past year? ☐ ☐

IF GREATER THAN 0, THEN...

a. Of these females, how many were steady sexual contacts; that is, women you had sex with 10 or more times? ☐ ☐

3. a. How many males did you have sex with during the past year?

b. How many males had sex with you during the past year?

IF GREATER THAN 0, THEN . . .

c. Of your male partners, how many were steady sexual contacts, that is men you had sex with 10 or more times?

4. d. During the past year, how many individuals did you have sex with on the first day that you met them (including prostitutes)?

INTERVIEWER: PROVIDE SUBJECT WITH CARD #4 OF CODED RESPONSES FOR THE FOLLOWING TWO QUESTIONS:

IF # OF FEMALE PARTNERS IS GREATER THAN 0, THEN . . .

a. For each of the locations listed on Card #4, please tell me whether this is a place where you never, infrequently, or frequently met female partners?

LOCATION #	FREQUENCY
1 = Picked up on the street	N I F
2 = Picked up in a bar or club	N I F
3 = Met at a party or social gathering	N I F
4 = At a house of prostitution	N I F
5 = At a bathhouse	N I F
6 = In ^{an adult/x rated} bookstore or movie house	N I F
7 = At work	N I F
8 = Other (specify: _____)	N I F

IF # OF MALE PARTNERS IS GREATER THAN 0 THEN . . .

a. For each of the locations listed on Card #4, please tell me whether this is a place where you never, infrequently, or frequently met male partners?

LOCATION #	FREQUENCY
1 = Picked up on the street	N I F
2 = Picked up in a bar or club	N I F
3 = Met at a party or social gathering	N I F
4 = At a house of prostitution	N I F
5 = At a bathhouse	N I F
6 = In ^{an adult/x rated} bookstore or movie house	N I F
7 = At work	N I F
8 = Other (specify: _____)	N I F

5. FEMALES ONLY: INTERVIEWER: PROVIDE FEMALE SUBJECT WITH CARD #5 OF CODED RESPONSES FOR THE FOLLOWING QUESTION:

Please look at this card and tell me how often you use each of the following precautions when you engage in sexual activity. CIRCLE THE LETTER CORRESPONDING TO THE FOLLOWING RESPONSE CODES AS FOLLOWS:

N = Never

S = Sometimes

U = Usually

A = Always

PRECAUTION	FREQUENCY
a. Pill	N S U A
b. Diaphragm	N S U A
c. Sponge	N S U A
d. Spermicide	N S U A
e. Douching	N S U A

NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT PEOPLE YOU HAVE HAD SEX WITH DURING THE PAST YEAR. INCLUDE ALL OF YOUR SEX PARTNERS DURING THIS TIME, EVEN IF YOU FIRST HAD SEX WITH THEM BEFORE (DATE ONE YEAR AGO).

6. Have you had sex with more than nine partners during the past year? ☐ Yes ☐ No

NOTE: IF YES, HAVE PARTICIPANT DESCRIBE AS MANY AS HE/SHE CAN UP TO A MAXIMUM OF 9 INDIVIDUALLY ON PAGES 10-12; IF HE/SHE IS ABLE TO CATEGORIZE SEX PARTNERS INTO SIMILAR GROUPS (e.g. FEMALE PROSTITUTES, PICK-UPS) THEN INSTRUCT HIM/HER TO TELL YOU ABOUT THEM AS A GROUP (see page 13).

7. Beginning with the person with whom you've had the most encounters . . .

	PARTNER #1	PARTNER #2	PARTNER #3																																																																																										
a. Was this person female or male?	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> F <input type="checkbox"/> M																																																																																										
b. As best you know, where (does/did) this person usually live (city/state/county or country)	 	 	 																																																																																										
c. When was the first time you had sex with . . .	 (Month) / (Year)	 (Month) / (Year)	 (Month) / (Year)																																																																																										
d. When was the last time you had sex with . . .	 (Month) / (Year)	 (Month) / (Year)	 (Month) / (Year)																																																																																										
e. How many times did you have sex with this person during the past year?	 x D W M Y	 x D W M Y	 x D W M Y																																																																																										
f. As best you know, which of the descriptions on Card #6 might describe . . .																																																																																													
g. Did you give (him/her) money for sex? Did you give (him/her) drugs for sex?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N																																																																																										
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e. How many times did you have sex with people in this group during the past year?	<div><div></div><div></div></div> x D W M Y	<div><div></div><div></div></div> x D W M Y	<div><div></div><div></div></div> x D W M Y																																																												
f. As best you know, which of the descriptions on Card #6 might describe members of . . .																																																															
g. Did you give them money for sex? Did you give them drugs for sex?	<div><input type="checkbox"/> Y <input type="checkbox"/> N</div> <div><input type="checkbox"/> Y <input type="checkbox"/> N</div>	<div><input type="checkbox"/> Y <input type="checkbox"/> N</div> <div><input type="checkbox"/> Y <input type="checkbox"/> N</div>	<div><input type="checkbox"/> Y <input type="checkbox"/> N</div> <div><input type="checkbox"/> Y <input type="checkbox"/> N</div>																																																												
h. Did you receive money for sex? Did you receive drugs for sex?	<div><input type="checkbox"/> Y <input type="checkbox"/> N</div> <div><input type="checkbox"/> Y <input type="checkbox"/> N</div>	<div><input type="checkbox"/> Y <input type="checkbox"/> N</div> <div><input type="checkbox"/> Y <input type="checkbox"/> N</div>	<div><input type="checkbox"/> Y <input type="checkbox"/> N</div> <div><input type="checkbox"/> Y <input type="checkbox"/> N</div>																																																												
i. Did (you/group partners) ever use a condom? IF YES, please look at Card #5 and tell me how often you also used spermicide?	<div><input type="checkbox"/> Y <input type="checkbox"/> N</div> <div>N S U A</div>	<div><input type="checkbox"/> Y <input type="checkbox"/> N</div> <div>N S U A</div>	<div><input type="checkbox"/> Y <input type="checkbox"/> N</div> <div>N S U A</div>																																																												
j. Please look at the definitions on Card #7 and tell me the number corresponding to each kind of sex you had with members of this group. INTERVIEWER: CIRCLE EACH RESPONSE ON THE CHART TO THE RIGHT, AND FOR EACH ITEM CIRCLED, ASK: How often did you have (SEX TYPE #) with this partner—sometimes, usually or always? IF APPLICABLE: And how often did you or your partner use a condom for this kind of sex? NOTE: CU use is applicable for male respondents only for Sex Type 5.	<table border="1"> <thead> <tr> <th>Freq</th> <th>CU</th> </tr> </thead> <tbody> <tr><td>1 S U A</td><td>N S U A</td></tr> <tr><td>2 S U A</td><td>N S U A</td></tr> <tr><td>3 S U A</td><td>N S U A</td></tr> <tr><td>4 S U A</td><td></td></tr> <tr><td>5 S U A</td><td>N S U A</td></tr> <tr><td>6 S U A</td><td></td></tr> <tr><td>7 S U A</td><td></td></tr> <tr><td>8 S U A</td><td>N S U A</td></tr> <tr><td>9 S U A</td><td>N S U A</td></tr> </tbody> </table>	Freq	CU	1 S U A	N S U A	2 S U A	N S U A	3 S U A	N S U A	4 S U A		5 S U A	N S U A	6 S U A		7 S U A		8 S U A	N S U A	9 S U A	N S U A	<table border="1"> <thead> <tr> <th>Freq</th> <th>CU</th> </tr> </thead> <tbody> <tr><td>1 S U A</td><td>N S U A</td></tr> <tr><td>2 S U A</td><td>N S U A</td></tr> <tr><td>3 S U A</td><td>N S U A</td></tr> <tr><td>4 S U A</td><td></td></tr> <tr><td>5 S U A</td><td>N S U A</td></tr> <tr><td>6 S U A</td><td></td></tr> <tr><td>7 S U A</td><td></td></tr> <tr><td>8 S U A</td><td>N S U A</td></tr> <tr><td>9 S U A</td><td>N S U A</td></tr> </tbody> </table>	Freq	CU	1 S U A	N S U A	2 S U A	N S U A	3 S U A	N S U A	4 S U A		5 S U A	N S U A	6 S U A		7 S U A		8 S U A	N S U A	9 S U A	N S U A	<table border="1"> <thead> <tr> <th>Freq</th> <th>CU</th> </tr> </thead> <tbody> <tr><td>1 S U A</td><td>N S U A</td></tr> <tr><td>2 S U A</td><td>N S U A</td></tr> <tr><td>3 S U A</td><td>N S U A</td></tr> <tr><td>4 S U A</td><td></td></tr> <tr><td>5 S U A</td><td>N S U A</td></tr> <tr><td>6 S U A</td><td></td></tr> <tr><td>7 S U A</td><td></td></tr> <tr><td>8 S U A</td><td>N S U A</td></tr> <tr><td>9 S U A</td><td>N S U A</td></tr> </tbody> </table>	Freq	CU	1 S U A	N S U A	2 S U A	N S U A	3 S U A	N S U A	4 S U A		5 S U A	N S U A	6 S U A		7 S U A		8 S U A	N S U A	9 S U A	N S U A
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k. Did anyone have any genital sores when you had sex with them? IF YES, with how many partners?	<div><input type="checkbox"/> Y <input type="checkbox"/> N</div>	<div><input type="checkbox"/> Y <input type="checkbox"/> N</div>	<div><input type="checkbox"/> Y <input type="checkbox"/> N</div>																																																												
l. Did you have any genital sores when you had sex with anyone of them? IF YES, with how many partners?	<div><input type="checkbox"/> Y <input type="checkbox"/> N</div>	<div><input type="checkbox"/> Y <input type="checkbox"/> N</div>	<div><input type="checkbox"/> Y <input type="checkbox"/> N</div>																																																												
m. (IF A FEMALE PARTNER) During your sexual encounters, how often were partners having menstrual bleeding?	N S U A	N S U A	N S U A																																																												
n. Did any of these partners ever bleed during a sexual encounter with you? IF YES, specify (frequency, type sex)	<div><input type="checkbox"/> Y <input type="checkbox"/> N</div>	<div><input type="checkbox"/> Y <input type="checkbox"/> N</div>	<div><input type="checkbox"/> Y <input type="checkbox"/> N</div>																																																												

See P10

8. I don't know if your HIV antibody test is positive or negative, but if we pretend that it is positive, and I ask which of the partners you just told me about might have transmitted the infection to you, which would you say? Please DO NOT give me any names.

Partner #: _____

INTERVIEWER: IF ANSWER GIVEN IS A PERSON WHO BELONGS TO A GROUP OR A PARTNER THAT THE SUBJECT HAS NOT YET TOLD YOU ABOUT, THEN ASK THE INDIVIDUAL PARTNER QUESTIONS FOR THAT PERSON AND PLACE THE RESPONSES IN PARTNER COLUMN #9.

9. During the past year, did you engage in group sex, that is, sex with more than one person at the same time?

☐ Yes ☐ No

IF YES . . .

- a. Please tell me the numbers on Card #6 that describe any member(s) of this group? (CIRCLE THE NUMBER CORRESPONDING TO EACH RESPONSE.) *a person who tested*

1 = Hemophiliac

2 = Blood transfusion recipient

1 3 = Gay/bisexual man

2 4 = Prostitute

7 5 = Born or lived in Africa or Haiti

6 = Employed in a job that involved exposure to blood or other body fluids

3 8 = IV drug user

8 = Born or lived in Haiti

9 = No reason to suspect partner(s) at increased risk

5 9 = Positive for AIDS virus (HIV) antibody

4 10 = A person with AIDS or ARC

10 = A person at high risk for becoming infected with the AIDS virus (specify: _____)

10 = Other (specify: _____)

94 = Do not know

97 = Do not wish to answer

6 = A person with many other sex partners

10. Now I'd like to ask you some questions about behaviors that you might have engaged in during 2 different time periods; the first time period will be from one year ago today and the second time period will ask for your usual behavior of that type from the first time you began that activity until one year ago.

	PAST YEAR				PREVIOUS YEARS			
Number of female prostitutes								
If > than 0, encounters/month								
Number of male prostitutes								
If > than 0, encounters/month								
Number of female sex partners								
If > than 0, encounters/month								
Number of male sex partners								
If > than 0, encounters/month								
Number of sex partners who you know used IV drugs								
If > than 0, encounters/month								
Frequency of all sex that was								
Oral	N	S	U	A	N	S	U	A
Anal	N	S	U	A	N	S	U	A
Vaginal	N	S	U	A	N	S	U	A

- Since 1980*
11. During the past year, have you known any homosexual or bisexual men?
- ☐ Yes ☐ No ☐ Don't know for sure

IF YES...

- a. How many such people do you know?

- b. How would you describe your relationship with (this/these) individual(s) based on the following three categories. READ EACH CATEGORY AND RECORD THE NUMBER FOR EACH.

Casual Acquaintance _____
 Friend/Family/Coworker _____
 Sex Partner _____

12. Since 1980, have you known anyone who has ARC or AIDS, or who tested positive for the AIDS antibody?

☐ Yes ☐ No ☐ Don't know for sure

IF YES...

- a. How many such people do you know?

- b. How would you describe your relationship with (this/these) individual(s) based on the following three categories. READ EACH CATEGORY AND RECORD THE NUMBER FOR EACH.

Casual Acquaintance _____
 Friend/Family/Coworker _____
 Sex Partner _____

- c. IF CLOSE TO, Did you have a close relationship as just defined with (this person/any of these people) during the past year? ☐ Yes ☐ No

IF SEX PARTNER TO, Did you have a sexual relationship with

PART 6 RISK FACTOR INFORMATION—OTHER RISKS
--

1. Since 1980, have you had a tattoo? ☐ Yes ☐ No

(IF YES . . .)

LOCATION (city/state/county or country)	DATE (Month) / (Year)			

2. Since 1980, have you had an ear or ears pierced? ☐ Yes ☐ No

(IF YES . . .)

LOCATION (city/state/county or country)	DATE (Month) / (Year)			

3. Since 1980, have you been stuck or cut with a needle or other sharp object such as a scalpel or razor blade used by someone else? ☐ Yes ☐ No

IF YES . . . (specify: _____)

4. I realize that you have been tested for the antibody to the AIDS virus and I don't know if your test was positive or negative, but SUPPOSE that your test was POSITIVE. Have any of the particular event(s) listed on Card #8 occurred in your life that you feel could have increased your chances of getting infected with the AIDS virus?

- a. What would that event have been? (CIRCLE NUMBER CORRESPONDING TO EACH RESPONSE)

INTERVIEWER: PROVIDE SUBJECT WITH CARD #8 WITH CODED RESPONSES FOR Q.4.

- | | |
|---|--|
| 1 = I had sex with a man | 7 = A lover of mine is/was gay or bisexual |
| 2 = A lover of mine had sex with a man | 8 = I have/had sex with prostitutes |
| 3 = A lover of mine has/had AIDS or ARC or AIDS virus infection | 9 = A lover of mine has/had sex with prostitutes |
| 4 = I had sex without using/without my partner using a condom | 10 = I have/had multiple sex partners |
| 5 = I used IV drugs | 11 = A lover of mine has/had multiple sex partners |
| 6 = A lover of mine used IV drugs | 12 = Other (specify: _____) |
| | 94 = Do not know |
| | 97 = Does not wish to answer |

5. Other than what we have talked about during this interview, is there anything you can tell me that you think caused or might cause you to get infected with the AIDS virus? Be specific.
- _____

Part 7-Post-Interview Remarks (TO BE COMPLETED BY INTERVIEWER)

1. Where did the interview take place? ☐ Army Facility ☐ Off Post (specify: _____)

2. Respondent's cooperation was:

VERY GOOD.....	<input type="checkbox"/>
GOOD.....	<input type="checkbox"/>
FAIR.....	<input type="checkbox"/>
POOR.....	<input type="checkbox"/>

3. The respondent's answers generally appeared to be...

VERY ADEQUATE.....	<input type="checkbox"/>
SOMEWHAT ACCURATE.....	<input type="checkbox"/>
SOMEWHAT INACCURATE.....	<input type="checkbox"/>
VERY INACCURATE.....	<input type="checkbox"/>
COULDN'T TELL.....	<input type="checkbox"/>

4. Quality of information in this section was:

		HIGH QUALITY	GENERALLY RELIABLE	QUESTION- ABLE	UNSATIS- FACTORY
Part 2:	Demographic Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part 3:	Medical History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part 4:	Risk Factor Information Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part 5:	Risk Factor Information Sexual History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part 6:	Risk Factor Information Other Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. The overall quality of this interview was:

HIGH QUALITY.....	<input type="checkbox"/>
GENERALLY RELIABLE.....	<input type="checkbox"/>
QUESTIONABLE.....	<input type="checkbox"/>
UNSATISFACTORY.....	<input type="checkbox"/>

6. The reasons for the unsatisfactory or questionable quality of information are that the respondent: (CHECK ALL THAT APPLY and PUT AN ARROW NEAR MAIN REASON)

DID NOT SEEM TO UNDERSTAND MANY OF THE QUESTIONS.....	<input type="checkbox"/>
DID NOT WANT TO BE MORE SPECIFIC.....	<input type="checkbox"/>
WAS BORED OR UNINTERESTED.....	<input type="checkbox"/>
WAS UPSET, DISTRESSED OR ANGRY.....	<input type="checkbox"/>
WAS CONFUSED OR DISTRACTED BY FREQUENT INTERRUPTIONS.....	<input type="checkbox"/>
WAS INHIBITED BY OTHERS AROUND (HIM/HER).	<input type="checkbox"/>
WAS EMBARRASSED BY THE SUBJECT MATTER	<input type="checkbox"/>
WAS EMOTIONALLY UNSTABLE.....	<input type="checkbox"/>
WAS PHYSICALLY ILL.....	<input type="checkbox"/>
HAD POOR HEARING OR SPEECH.....	<input type="checkbox"/>
DID NOT UNDERSTAND OR SPEAK ENGLISH.....	<input type="checkbox"/>
OTHER (SPECIFY)_____	<input type="checkbox"/>

Outside

~~Inside~~ back cover

Time Main Interview Ended: : AM
PM

Time Part 7 Ended: : AM
PM

On-Site Field Edit: _____
(FI Signature)

Subject ID No.: _____

Enclosure #2

Page 1

PART 7 RISK PERCEPTION

Please read the directions for each of the three sections below. Indicate your answers by circling the appropriate number or letters, or by checking the appropriate box to the right of each statement or question. Remember that any information you provide cannot be traced to you. If you need explanation(s) for any of the questions, please feel free to ask me.

SECTION 1

Directions: *Circle the number that best reflects your feeling of the risk associated with each of the following behaviors:*

	No Risk	Little Risk	Some Risk	Very Risky	Dangerous
1. Not using a seatbelt	0	1	2	3	4
2. Smoking cigarettes	0	1	2	3	4
3. Mainlining drugs	0	1	2	3	4
4. Running red lights	0	1	2	3	4
5. Having sex with prostitutes	0	1	2	3	4
6. Getting a blood transfusion	0	1	2	3	4
7. Getting drunk	0	1	2	3	4
8. Sharing needles used for taking drugs	0	1	2	3	4
9. Not using condoms during sex	0	1	2	3	4
10. Being out of shape	0	1	2	3	4
11. Donating blood	0	1	2	3	4
12. Having a roommate with an AIDS-virus (HIV) infection	0	1	2	3	4
13. Driving a motorcycle	0	1	2	3	4
14. Parachuting	0	1	2	3	4
15. Having sex with someone you don't know	0	1	2	3	4

SECTION 2

Directions: For each of the statements below, circle the answer to the right that best reflects your opinion about that statement.

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Not Applicable
1. Only homosexuals get AIDS	SA	A	U	D	SD	NA
2. People should know more about AIDS	SA	A	U	D	SD	NA
3. AIDS is not as big a problem as people say	SA	A	U	D	SD	NA
4. I am afraid of getting AIDS	SA	A	U	D	SD	NA
5. I am not the kind of person likely to get AIDS	SA	A	U	D	SD	NA
6. There will soon be a cure for AIDS	SA	A	U	D	SD	NA
7. HIV causes AIDS	SA	A	U	D	SD	NA
8. I am tired of hearing about AIDS	SA	A	U	D	SD	NA
9. I want to know more about AIDS	SA	A	U	D	SD	NA
10. I live in a dangerous area for AIDS	SA	A	U	D	SD	NA
11. I am not worried about getting AIDS	SA	A	U	D	SD	NA
12. I have lived in a dangerous area for AIDS	SA	A	U	D	SD	NA
13. I know a lot about how you get infected with the AIDS virus (HIV)	SA	A	U	D	SD	NA

SECTION 3

Directions: Check the box that best describes how often you engage in the following activities:

	Never	Hardly Ever	Sometimes	Frequently	A Lot
1. I do things to stay in shape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I smoke cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I drive a motorcycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I get drunk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I use seatbelts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I run red lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Did you answer the questions on this survey honestly? ☐ Yes ☐ No

2. Do you feel that your anonymity/confidentiality will be maintained? ☐ Yes ☐ No

... & they will be self administered

*I from now
you will get
an "item
count"
section
in 2011*

*We
are
keeping
these*

Card 1

Race/Ethnicity

White, non-Hispanic

Black, non-Hispanic

Hispanic–Mexico

Hispanic–Puerto Rico

Hispanic–Other

Pacific Islander

American Indian

Alaskan Native/Aleutian/Eskimo

Asian

Carribean Islander (*specify*)

Other (*specify*)

Card 4

Places Where You Met Sex Partners

- 1 Picked up on the street
- 2 Picked up in a bar or club
- 3 Met at a party or social gathering
- 4 At a house of prostitution
- 5 At a bathhouse
- 6 In ^{an adult/x rated} bookstore or movie house
- 7 At work
- 8 Other (specify)

IMPACT OF AIDS ON THE MILITARY RECRUITMENT:
INTERVIEWS WITH SEROPOSITIVE NEW RECRUITS

ACCOMPANYING DOCUMENT TO FINAL REPORT

Publications and Meeting Abstracts:

(NONE)

List of Personnel Receiving Pay:

Garner, AF
Harris, SH
Hubbard, RL
McLean, CS
Rourke, KM
Sherrill, TA
Shirley, JL
Toledo, LA
Visscher, WA
Walker, JA
Wilcosky, TC

Graduate Degrees Resulting from Contract Support:

(NONE)

Deliverables Previously Submitted:

Pretest Report	8 Feb 1989
Quarterly Reports	8 March 1989
	9 June 1989
	12 Sept 1989
	14 Dec 1989
	15 Jan 1990
	12 March 1990
	11 June 1990
	12 Sept 1990